



Resubmitted

The Dow Chemical Company
Optical and Ceramics Technology
P. O. Box 500
New Iberia, LA 70562
USA

February 28, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

US Environmental Protection Agency
Internal Compliance Division
Ariel Rios Building
Mail Code 2254A
1200 Pennsylvania Ave, NW
Washington, D.C. 20460

Louisiana Dept. of Environmental Quality
Office of Environmental Services
Environmental Assistance Division
Compliance Assistance Section
P.O. Box 4313
Baton Rouge, Louisiana 70821-4313

Re: 2010 Annual Hazardous Waste Report

Dear Sir/Madam:

Rohm and Haas Advanced Materials respectfully submits herewith the 2010 LDEQ Annual Hazardous Waste Report. This report is submitted in accordance with Louisiana Administrative Code 33:V.1111.B, 1113.G, 1529.D, 3915.D.5, 4361 and Sections 3002 and 40 CFR 262.56, 262.87(a).

Should you have any further questions or require additional information, please contact Karen Jenkins of my staff at (337) 867-4263 Ext. 2218.

Sincerely,

Karen Jenkins, CSP
EHS Manager

Enclosure
cc: File

The Dow Chemical Company
Optical and Ceramics Technology
P. O. Box 600
New Iberia, LA 70562
USA



7008 1830 0002 6748 5160



1000

20461



The Dow Chemical Company
Optical and Ceramics Technology
P. O. Box 300
New Iberia, LA 70562
USA

ATTN: Robert Heiss
INTERNATIONAL COMPLIANCE ASSURANCE DIVISION
OFFICE OF FEDERAL ACTIVITIES
U.S. ENVIRONMENTAL PROTECTION AGENCY
ARIEL RIOS Bldg, Mail code 2254A
1200 PENNSYLVANIA AVE, NW
WASHINGTON, D.C. 20460

oute **EPA Mail**

To: **Heiss, Robert**

Mailstop: ARIEL RIOS SOI


Department: 2254A

Phone: OFA

PKG Condition Certified



7008183000026748

SEND COMPLETED FORM TO: The appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide initial Notification (first time submitting site identification information / to obtain an EPA ID Number for this location). <input type="checkbox"/> To provide subsequent Notification (to update site identification information for this location). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report (IF marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or state Equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number: LAD982560914		
3. SiteName	Site Name: CVD Inc., Advanced Materials		
4. Site Location Information	Street Address: 11911 Advanced Materials Rd		
	City, Town or Village: New Iberia	County: LAFAYETTE	
	State: LA	Country: United States	Zip Code: 70560
5. Site Land Type	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAIC Code(s) for the Site (at least 5-digit codes)	A. 333314		B.
	C.		D.
7. Site Mailing Address	Street or P.O. Box: PO Box 500		
	City, Town or Village: New Iberia		
	State: LA	Country: UNITED STATES	Zip Code: 70560
8. Site Contact Person	First Name: Karen		MI: R
	Last Name: Jenkins		
	Title: EHS Specialist		
	Street or P.O. Box: PO Box 500		
	City, Town or Village: New Iberia		
	State: LA	Country: UNITED STATES	Zip Code: 70560
	Email: 3378674263		
	Phone Number: 3378674263	Extension: 2218	Fax: 3378674263
9. Legal Owner and Operator of the Site	Name of Site's Legal Owner: The Dow Chemical Company		Date Became Owner: 04/01/2009
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: Midland Center		Bldg 2030
	City, Town or Village: Midland		Phone: 9896361000
	State: MI	Country: UNITED STATES	Zip Code: 48674
	Name of Site's Operator: CVD Inc., Advanced Materials		Date Became Operator: 07/01/1988
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; OR Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo.) of acute hazardous waste; OR Generates, in any calendar month OR accumulates at any time, more than 100 kg/mo (220 lbs./mo.) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒ d. Short-term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒ e. United States Importer of Hazardous Waste

Y ☐ N ☒ f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 3. Treater, Storer or Disposer of Hazardous Waste
Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒ 4. Recycler of Hazardous Waste

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark all that apply.

☐ a. Small Quantity On-Site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

Y ☐ N ☒ 7. Receives Hazardous Waste from Off-site.

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

a. Batteries

b. Pesticides

c. Mercury containing equipment

d. Lamps

e. Other (specify)

f. Other (specify)

g. Other (specify)

Y ☐ N ☒ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark all that apply.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

Page 2 of 14

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 11/2009)

D. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

★ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D010	F003			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

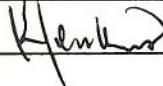
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "yes", your must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Karen R Jenkins, EHS Epecialist	02/28/2011

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2010 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1		A. Waste Description Polishing Sludge	
B. EPA Hazardous Waste Code(s) D010		C. State Hazardous Waste Code(s)	
D. Source Code G13 Management Method Code for Source Code G25	E. Form Code W319	F. Quantity Generated in 2010 123,593.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 76,480.000000
Site 2	B. EPA ID No. of facility to which waste was shipped FLD982105884	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 47,113.000000
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments: sludge used to polish lenses

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2010 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTGM
FORM

Sec. 1	A. Waste Description Spent Xylene and Acetone Debris		
B. EPA Hazardous Waste Code(s) D001		C. State Hazardous Waste Code(s)	
D. Source Code G01 Management Method Code for Source Code G25	E. Form Code W409	F. Quantity Generated in 2010 3,988.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2010 924.000000
Site 2	B. EPA ID No. of facility to which waste was shipped FLD982105884	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2010 3,064.000000
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**GM
FORM**

Sec. 1	A. Waste Description MTS and Xylene Waste		
B. EPA Hazardous Waste Code(s) D010 F003		C. State Hazardous Waste Code(s)	
D. Source Code G13 Management Method Code for Source Code G25	E. Form Code W219	F. Quantity Generated in 2010 821.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped FLD982105884	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2010 432.000000
Site 2	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2010 389.000000
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2010 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1		A. Waste Description KOH Sludge	
B. EPA Hazardous Waste Code(s) D002 D010		C. State Hazardous Waste Code(s)	
D. Source Code G21 Management Method Code for Source Code G25	E. Form Code W501	F. Quantity Generated in 2010 4,096.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 4,096.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**GM
FORM**

Sec. 1	A. Waste Description KOH Solution		
B. EPA Hazardous Waste Code(s) D002 D010		C. State Hazardous Waste Code(s)	
D. Source Code G13 Management Method Code for Source Code G25	E. Form Code W110	F. Quantity Generated in 2010 291,693.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped OKD981588791	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 291,693.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2010 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description KOH Debris - Potassium Hydroxide			
B. EPA Hazardous Waste Code(s) D010		C. State Hazardous Waste Code(s)		
D. Source Code G21 Management Method Code for Source Code G25		E. Form Code W501	F. Quantity Generated in 2010 14,887.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code		Quantity treated, disposed or recycled on-site in 2010		On-site Management Method Code
				Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped FLD982105884	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 7,644.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 7,243.000000	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**GM
FORM**

Sec. 1	A. Waste Description Central Vacuum Dust		
B. EPA Hazardous Waste Code(s) D010		C. State Hazardous Waste Code(s)	
D. Source Code G21 Management Method Code for Source Code G25	E. Form Code W316	F. Quantity Generated in 2010 2,756.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 1,420.000000
Site 2	B. EPA ID No. of facility to which waste was shipped FLD982105884	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 1,336.000000
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2010 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description Silicon Carbide Byproduct		
3. EPA Hazardous Waste Code(s) D002		C. State Hazardous Waste Code(s)	
D. Source Code G07 Management Method Code for Source Code G25	E. Form Code W105	F. Quantity Generated in 2010 82.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 82.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**GM
FORM**

Sec. 1	A. Waste Description NaOH Sludge		
3. EPA Hazardous Waste Code(s) D002		C. State Hazardous Waste Code(s)	
D. Source Code G21 Management Method Code for Source Code G25	E. Form Code W110	F. Quantity Generated in 2010 1,401.000000 UOM 1 Density <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code X

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2010	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2010

Sec. 3	A. Was any of this waste shipped off-site in 2010 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARR000016733	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2010 1,401.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2010 Hazardous Waste Report

**OI
FORM**

**OFF-SITE
IDENTIFICATION**

SITE NAME: CVD Inc., Advanced Materials

EPA ID NO: LAD982560914

Site 1	A. EPA ID No. of off-site installation or transporter ARR000016733	B. Name of off-site installation or transporter Rineco Transportation LLC
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	
D. Address of off-site installation		
Street		NA
City		
State		Zip

Site 2	A. EPA ID No. of off-site installation or transporter OKD981588791	B. Name of off-site installation or transporter Triad Transportation, Inc.
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	
D. Address of off-site installation		
Street		NA
City		
State		Zip

Site 3	A. EPA ID No. of off-site installation or transporter FLD982105884	B. Name of off-site installation or transporter A.R. Paquette and Company
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	
D. Address of off-site installation		
Street		NA
City		
State		Zip

Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	
D. Address of off-site installation		
Street		
City		
State		Zip

Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	
D. Address of off-site installation		
Street		
City		
State		Zip

Comments: